DOCUMENT RESUME

ED 356 608 EC 302 048

TITLE Manual for Completing the Independent Living Services Information Request Form.
INSTITUTION Southwest Educational Development Lab., Austin, Tex.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE [92]
CONTRACT H133D10017
NOTE 52p.; A product of the Regional Rehabilitation Exchange project. For a related document, see ED 302 049.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adults; Agencies; *Demonstration Programs; *Disabilities; *Independent Living; *Information Dissemination; Models; Program Evaluation; Regional Programs; Rehabilitation; Self Evaluation (Groups); Services; Technical Assistance
IDENTIFIERS *Regional Rehabilitation Exchange Project

ABSTRACT

This manual provides rehabilitation service provider organizations with necessary information and instructions for completing an Information Request Form (IRF), the first step in the process of applying for recognition by the Regional Rehabilitation Exchange (RRX) Project as an exemplary program model in the area of independent living services. The RRX concentrates on identifying exemplary programs for people with disabilities in five states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. This manual provides information about: (1) the background and purposes of the RRX; (2) service categories identified as priorities for review of exemplary program models; (3) program review procedures and criteria; (4) procedures for completing the IRF; and (5) technical assistance responsibilities for programs designated as exemplary. A sample IRF completed by an agency providing independent living services is attached. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED356608

REGIONAL REHABILITATION EXCHANGE

MANUAL FOR COMPLETING THE INDEPENDENT LIVING SERVICES INFORMATION REQUEST FORM

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

. . . Promoting Exemplary Programs

EC 302048

BEST COPY AVAILABLE

MANUAL
FOR COMPLETING THE
INDEPENDENT LIVING SERVICES
INFORMATION REQUEST FORM

The contents of this publication were developed under a grant from the National Institute on Disability and Rehabilitation Research, Department of Education, Cooperative Agreement #H133D10017. These contents, however, do not necessarily represent the policy of that agency, and you should not assume endorsement by the federal government. In compliance with appropriate state and federal laws and regulations, all programs administered by and all services provided by the Regional Rehabilitation Exchange of the Southwest Educational Development Laboratory are rendered on a non-discriminatory basis without regard to race, color, creed, religion, national origin, age, sex, sexual orientation, marital or veteran status, or the presence of a non-job-related medical condition or handicap. This publication of the Regional Rehabilitation Exchange (RRX) project is made possible through a cooperative agreement of $200,000.00 from the National Institute on Disability and Rehabilitation Research (NIDRR) of the U. S. Department of Education. This project is funded 100% through federal funds.

HOW TO USE THIS MANUAL

Purpose

The Regional Rehabilitation Exchange Project (RRX) has developed this manual for public/private school and community-based service provider organizations and programs interested in gaining recognition as an exemplary program model in one of the RRX's designated service categories. These categories, identified by a project advisory council composed of policy makers, practitioners, and people with disabilities, currently include:

- School-to-Adult Life Transition Services,
- Supported Employment Services, and
- Independent Living Services.

Definitions for each of these service categories are provided following this section of the manual.

Examples of organizations and programs eligible for exemplary status include:

- public or private community-based rehabilitation service providers
- independent living centers, independent living service providers, and independent living programs
- public or private school-based transitional programs
- vocational training programs
- other providers of direct services to people with disabilities

Exemplary status can greatly benefit both your program and other service providers. For your program, exemplary status can mean broader public awareness of your services, evidence of program effectiveness for continued or increased funding support, and links to other programs like yours. For other programs, it means greater access to models and information about "what works" in the field. The long-term result is expanded and improved services for people with disabilities.

To be identified as an exemplary program model by the RRX, you must go through a review process. This manual is designed to help you through the first, most critical, step in the process: completion of an RRX Information Request Form.

Manual Contents

This manual offers information about the:

- background and purposes of the RRX,
- service categories identified as priorities for review of exemplary program models,
- program review procedures and criteria,
- procedures for completing the Information Request Form, and
- implications for programs designated as exemplary.

This manual includes a copy of a sample, completed Information Request Form (IRF) that you may use as a guide as you complete your own IRF.

Suggested Steps in Completing the IRF

1. **Read through this entire manual** before you begin to complete the IRF, to become familiar with the review process, the terms used, and the information required.

2. **Look closely at the definitions of service categories** that follow this introductory section. Be sure that your program or activity fits the category you have in mind. You are free to apply for exemplary status in any appropriate category, even if it is different from the category for which you were originally nominated.

   Notice that some service categories - for example, independent living - require you to select and complete one or more information subcategories.

3. **Review the Information Request Form** and make a quick list of the kinds of information you will need to properly complete the form. Think about the possible sources you can tap for this information, for example:

   - files, records, and documentation systems,
   - budgets,
   - annual or other reports to funding sources,
   - grant applications, or
   - program staff.

4. **Go through the IRF again,** matching questions with information sources and identifying questions for which ready answers seem not to exist.

5. **Make a plan for obtaining or compiling any missing information** that is needed. For example, many programs do not track program service delivery costs as they apply to a specific program or population. You may need to:
   - identify the relevant program costs (be sure to include costs for staff and overhead),
   - identify the number of people with disabilities served, and
   - calculate per-person costs to provide services within each category.

6. **Call the RRX if you don't understand** how to respond to a question, and/or if you need advice about how to collect missing information. One service the RRX can provide is to assist you in developing documentation systems and procedures that will help you to complete the review process.

7. **Begin answering the questions contained in the IRF,** even though you may not have all the necessary information at hand. Once you begin, you may discover that you know more than you first thought. Again, if you have questions or problems, feel free to call the RRX.

For More Information

If you have questions or need more information about pursuing the program review process or gaining recognition as an exemplary program, contact:

Regional Rehabilitation Exchange
Southwest Education Development Laboratory
211 East Seventh Street
Austin, Texas 78701-3281
(512) 476-6861 (Voice/TDD)
(512) 476-2286 (FAX)

BACKGROUND AND PURPOSES OF THE RRX PROJECT

The Regional Rehabilitation Exchange (RRX) Project was initiated in March 1983, when it first received funding from the National Institute on Disability and Rehabilitation Research (NIDRR). The RRX surveys the education, vocational rehabilitation and independent living communities for programs that demonstrate and can document especially effective service delivery to persons with disabilities and can serve as models for other agencies and organizations. Using a detailed, uniform evaluation procedure that includes peer review, the RRX reviews nominated programs that are especially effective and recognizes them formally as exemplars. These exemplary programs generally demonstrate a high success rate, surpass established performance standards, show significant and stable results, are cost-effective, and include adaptable or transportable components.

One of NIDRR's goals is to promote the widespread use of proven, effective programs among disability service professionals. To address this goal, the RRX publishes and disseminates an annual *Catalog of Exemplary Programs* that contains individual summaries describing each program receiving exemplary designation. The *Catalog* is provided to a wide audience of administrators, practitioners, teachers, and consumers interested in learning about the identified exemplary programs. In some instances, the RRX can broker and provide in-depth technical assistance to agencies or organizations interested in implementing an exemplary program design in their organization.

By identifying exemplary programs, informing the disability service community about their operations and outcomes, and supporting organizations interested in implementing exemplary program model components, the RRX hopes ultimately to contribute to the continued improvement in services provided to people with disabilities.

SCOPE OF THE RRX PROJECT

The RRX generally concentrates on identifying exemplary programs from the five states in Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The service area categories, or "core areas", in which programs are currently reviewed and identified as exemplary, include:

- School-to-Adult Life Transition Services,
- Supported Employment Services, and
- Independent Living Services.

Definitions of these core aeas are provided below.

- **SCHOOL-TO-ADULT LIFE TRANSITION SERVICES** are a coordinated set of activities for a special education student, designed within an outcome-oriented process, that promote movement from school to post-school activities, including:
    - post-secondary education,
    - vocational training,
    - continuing adult education,
    - integrated supported employment or competitive employment,
    - adult services,
    - independent living, and
    - community participation.

The coordinated set of transition-oriented activities shall be based upon an individual's needs, taking into account the student's preferences and interests. Activities can include instruction, community experiences, the development of employment and other post-school and adult living services, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

- **SUPPORTED EMPLOYMENT SERVICES** are designed to enable people with severe disabilities to secure and maintain employment. Such services generally provide training, placement, and ongoing, long-term support that is necessary for people to continue employment. These programs, then, do not lead to unassisted competitive employment; they are designed for people with disabilities so severe that they are not eligible for traditional vocational rehabilitation services. Within this category, exemplary programs may focus on one or more of the following specific elements of supported employment services:
  - innovative, creative funding arrangements;
  - services for specific disability groups; and/or
  - characteristics of effective job coaching.
- **INDEPENDENT LIVING SERVICES** include a broad range of services designed to improve the quality of life for people with severe disabilities via organizations and programs that are controlled by the consumers of those services themselves. Such services may include: (1) housing, (2) transportation/mobility, (3) living skills, (4) counseling, (5) community integration, and/or (6) employment-related services. Each of these areas is described below.

  Housing services may include information and referral services; assistance with financial arrangements; provision of accessible housing; skills development focused on home safety, cleaning and maintenance, in-home mobility, and/or food planning and preparation; and any other services necessary for a person with a severe disability to obtain and maintain a desired level of independence in the broad area of housing.

  Transportation/mobility services involve the development of personal and community resources to facilitate and increase mobility. Services may range from assistance with vehicle modification or purchase of a modified vehicle, to assistance of appropriate public transportation, to skills development in orientation and mobility.

  Living skills services include training and assistance related to daily living needs. Services may include skills development related to communication, personal hygiene and dress, and problem-solving; provision of adaptive equipment or devices; and/or specialized training for personal attendants.

  Counseling services may range from peer support services to ongoing individual counseling aimed at development of specific behaviors. Group counseling, personal and social adjustment counseling, sexuality counseling, and/or referral to appropriate professional counseling resources may be provided within this category.

  Community integration services may involve a range of activities, including individual/group advocacy, recreation, consumer skills development, and/or training in basic academic skills. General activities facilitating implementation of the Americans with Disabilities Act at the community level may be addressed in this section.

  Employment-related services address a variety of issues related to employment of people with severe disabilities. They may include direct employment services such as job or career development, job placement, or supported employment services; training or support related to job modification, retention, or mobility; and/or community and employer awareness efforts focusing on the benefits of hiring people with severe disabilities.

PREREQUISITES FOR PROGRAM REVIEW

Each program nominated for consideration as exemplary must meet a set of prerequisites. Before further program evaluation occurs, each nominated program must first assure that it:

- has clearly defined program goals, objectives, and activities;
- is performing activities that correspond to one of the current RRX core areas;
- has been in existence for at least two years prior to consideration as exemplary by the RRX Peer Review Advisory Council, and expects to continue operation for at least one year past the time of annual *Catalog* publication, or has received a waiver from the RRX Peer Review Advisory Council;
- meets necessary state/federal certification or accreditation requirements, where applicable;
- can demonstrate program effectiveness through accumulated documentation of program services and consumer outcomes;
- has kept records of expenditures for a recent twelve-month period in the categories of personnel, facilities, equipment, and materials;
- is able to provide descriptive program information through the Information Request Form and an onsite visit;
- is willing to share descriptive information with interested professionals through telephone, letter or site visits;
- will keep records of these contacts and report to the RRX; and
- is willing to act as technical assistance consultant to assist other schools or organizations wishing to adopt or adapt the exemplary program to their own system.

Staff of the nominated program will conduct a self-assessment for compliance with these prerequisites. If all requirements are met, nominated program staff will proceed with the review process by completing the Information Request Form and returning it to the RRX for analysis.

CRITERIA USED IN REVIEW

Since its inception, the RRX has developed, expanded, and refined the review process by which exemplary programs are identified. The criteria used for review have evolved into a system consisting of eleven separate critical factors. These factors are related to a weighting system that assigns to each a specific weight relative to its importance in the evaluation process. The RRX Peer Review Advisory Council has adopted these criteria as being those characteristics of critical importance to be considered in the classification of all exemplary programs. Following is a list of these critical factors.

1. Program Goals and Objectives
2. Target Population
3. Consumer Involvement and Satisfaction
4. Documentation/Good Record Keeping
5. Success Rate
6. Cost-Effectiveness
7. Comprehensiveness

8. Evaluation Criteria
9. Staffing Patterns
10. Transportability
11. Innovativeness

The chart on the following page provides brief descriptions of each critical factor.

REVIEW PROCEDURES

The RRX program review procedures have been developed to identify those programs that are exemplary or outstanding in their results. It utilizes an evaluation system that applies a set of criteria to descriptive program information together with an onsite observation to determine whether the documented program effects are truly outstanding.

The schematic on the next page illustrates the sequence of events that constitute the RRX review process. The process is begun when a potential exemplary program is identified, either by persons within that program or by an outside third party well-acquainted with the program. RRX staff contact the nominees to determine whether they meet the review prerequisites and if they desire to undergo the review procedures by providing information about the program. If so, the nominee completes an Information Request Form and forwards it to RRX staff, who analyze it by applying a weighted information system.

After evaluating a program in regard to the data provided on the completed Information Request Form and according to the critical factors previously described, RRX staff may eliminate a nominated program from further consideration. Reasons for this decision might include:

- failure of the nominated program to correspond with one of the core areas identified by the Peer Review Advisory Council;
- insufficient outcome data, however defined by the program;
- inadequate descriptions of program operation; or
- incomplete follow-up data.

If a program nominee is eliminated from further consideration, RRX staff will provide a written notification to program representatives, and no onsite visit will be planned. If application of the review criteria indicates that the nominated program should be reviewed further, an onsite visit will be scheduled.

The RRX has published a Manual for each current core area. Each Manual is available in accessible formats, upon request. Copies of any of the Manuals may be obtained by contacting the Regional Rehabilitation Exchange.

CRITICAL FACTORS AND THEIR CHARACTERISTICS

In reviewing each program, RRX staff analyze specific characteristics to determine the extent to which the nominee provides descriptive information addressing each critical factor.

The RRX Peer Review Advisory Council has not established absolute standards for each critical factor. For example, a program need not address each critical factor to the same extent for it to be

RRX
Critical Evaluation Factors

CRITICAL FACTOR	WEIGHT FACTOR	DISCUSSION
Program Goals and Objectives	*	Are program goals adequately reflected in program activities?
Target Population	0.50	What are the characteristics of the consumer group served by the program, e.g., age, education level, type/severity of disability?
Consumer Involvement and Satisfaction	1.00	Are consumers and/or family members actively involved in the implementation of the program?
Documentation	1.00	Are records related to consumer entry/exit, placement, follow-up, and program costs complete, up-to-date, and accessible?
Success Rate	0.75	Has the program developed measures for success which are objective, quantifiable, and appropriate to the priority area?
Cost-Effectiveness	0.25	What per consumers costs are required to deliver program services?
Comprehensiveness	0.25	Does the program provide a full range of consumer services appropriate to achieving program goals?
Evaluation Criteria	0.50	By what methods are the outcomes of program operation assessed, by whom, at what intervals, and for what purposes?
Staffing Patterns	0.50	What types/number of staff, and with what qualifications, are required to implement the program?
Transportability	0.50	Can the program be replicated in another location with the expectation that similar results will be obtained?
Innovativeness	0.50	Does the program embody a novel approach to addressing the rehabilitation-related issue?

* This factor is the initial point of elimination. Programs not satisfying this criterion will be considered ineligible for exemplary status and will not undergo further consideration in terms of the remaining nine criteria.

BEST COPY AVAILABLE

RRX REVIEW PROCESS

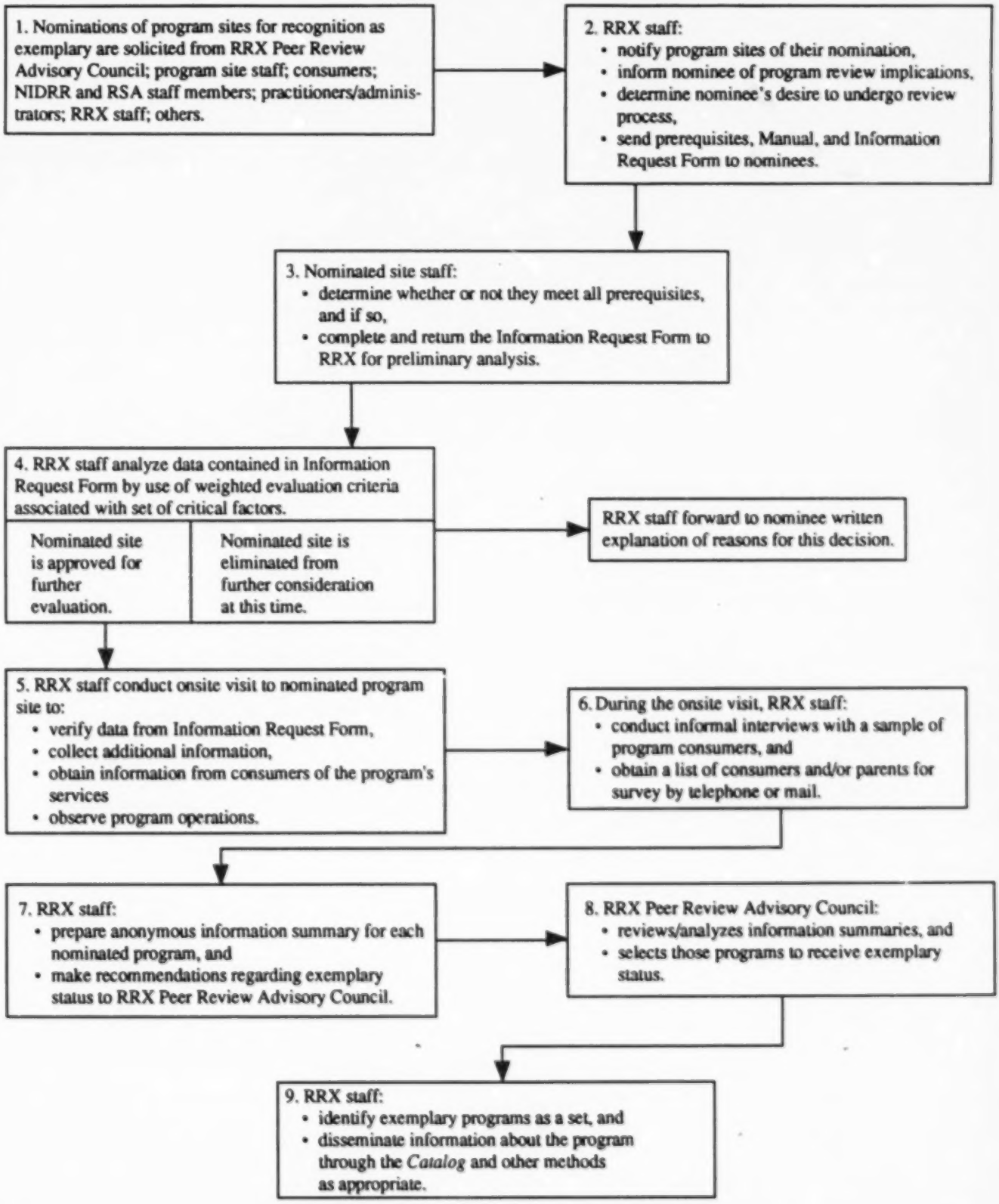

1. Nominations of program sites for recognition as exemplary are solicited from RRX Peer Review Advisory Council; program site staff; consumers; NIDRR and RSA staff members; practitioners/administrators; RRX staff; others.
2. RRX staff:
• notify program sites of their nomination,
• inform nominee of program review implications,
• determine nominee's desire to undergo review process,
• send prerequisites, Manual, and Information Request Form to nominees.
3. Nominated site staff:
• determine whether or not they meet all prerequisites, and if so,
• complete and return the Information Request Form to RRX for preliminary analysis.
4. RRX staff analyze data contained in Information Request Form by use of weighted evaluation criteria associated with set of critical factors.
Nominated site is approved for further evaluation.
Nominated site is eliminated from further consideration at this time.
RRX staff forward to nominee written explanation of reasons for this decision.
5. RRX staff conduct onsite visit to nominated program site to:
• verify data from Information Request Form,
• collect additional information,
• obtain information from consumers of the program's services
• observe program operations.
6. During the onsite visit, RRX staff:
• conduct informal interviews with a sample of program consumers, and
• obtain a list of consumers and/or parents for survey by telephone or mail.
7. RRX staff:
• prepare anonymous information summary for each nominated program, and
• make recommendations regarding exemplary status to RRX Peer Review Advisory Council.
8. RRX Peer Review Advisory Council:
• reviews/analyzes information summaries, and
• selects those programs to receive exemplary status.
9. RRX staff:
• identify exemplary programs as a set, and
• disseminate information about the program through the *Catalog* and other methods as appropriate.

FIGURE 1

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
1. Program Goals and Objectives	Program goals are adequately reflected in the set of program services. Independent Living Service Programs may provide services thought to improve the quality of like for persons with severe disabilities.	IA IB IC ID IE IL						
2. Target Population	Target population of independent living services can be classified as that of the severely disabled, ranging from a specific disability to a wide range of disabilities. Program activities should be appropriate to the number of clients served and to the types of severity of their disabilities. The range and level of disabilities served by the program are well documented.	IC ID IF IG IH						
3. Consumer Involvement and Satisfaction	Independent living service providers involve people with disabilities in both the planning and provision of services. Additionally, those people with disabilities that receive services (consumers) should be involved in providing feedback to the organization about the services it has provided them. It is expected that an independent living service provider is responsible to the unique and varying needs of consumers at the community level. Mechanisms to allow consumers needs to direct the array of services offered should be evident.	IA IB IC IF IG VA	IIA3 IIA4	IIB6b IIB6c	IIC4 IIC5 IIC6	IID2c IID2d	IIE3 IIE5	IIF2 IIF3 IIF7

FIGURE 1 (continued)

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
4. Documentation/ Good Record Keeping	The program has complete, up-to-date records on: • consumer demographics • consumer intake, • consumer assessment/evaluation, • consumer follow-up, • program costs, and • program outcomes.	IF IH II IJ IK IV	IIA1 IIA2 IIA6b IIA6g	IIB1 IIB3 IIB4 IIB5 IIB6b IIB6c IIB6g	IIC1 IIC2 IIC3 IIC4 IIC5 IIC6 IIC7a IIC7b IIC7g	IID1 IID2c IID2d IID2g	IIE1 IIE2 IIE3 IIE4 IIE6b IIE6c IIE6g	IIF3 IIF4a IIF4b IIF4c IIF6 IIF7
5. Success Rate	The program can demonstrate a correlation between the type of service provided and improvement in the quality of life for the consumer(s). Measurable goals such as job placements, use of services, and number of referrals made to other service providers are examples of success rates dependent on the types of services provided by the program.		IIA1 IIA2 IIA6g	IIB1 IIB2 IIB3 IIB4 IIB5 IIB6g	IIC1 IIC2 IIC3 IIC4 IIC5 IIC6 IIC7g	IID1 IID2g	IIE1 IIE2 IIE3a IIE3b IIE4 IIE6	IIF3 IIF4 IIF4a IIF4b IIF4c IIF6
6. Cost Effectiveness	The program can provide information to compare program services and/or benefits vs. costs. The extent to which the program has access to such information and depends on external resources or assets for its operation will determine this figure of cost effectiveness.	IV						

FIGURE 1 (continued)

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
7. Comprehensiveness	Consumers have access to a full range of services, as needed, either because of the program: • provides these services directly, or • offers organizational access to them. Ancillary support services are easily available and closely integrated with the program.		IIA3 IIA4 IIA5 IIA6a IIA6b IIA6c IIA6d	IIB6a IIB6b IIB6c IIB6d	IIC7a IIC7b IIC7c IIC7d	IID2a IID2b IID2c IID2d IID2h IID2i	IIE5 IIE6a IIE6b IIE6c IIE6d	IIF1 IIF2 IIF5a IIF5b IIF5c IIF5d IIF7
8. Evaluation Criteria	To plan, develop, report and refine its activities, the program considers the extent to which it has: • met established program goals, and • addressed local community needs.	IG Va Vbd	IIA6e IIA6f	IIB6e IIB6f	IIC7e IIC7f	IID2e IID2f IID2h IID2i	IIE6e IIE6f	
9. Staffing Patterns	Program staff, both collectively and individually, are: • adequate in number to efficiently manage and implement the program, • sufficiently well qualified and trained, • able to meet any specialized program implementation needs, and • "common" enough to be found elsewhere should the program be exported to another location.	III						

FIGURE 1 (continued)

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
10. Transportability	Enough evidence exists to warrant the expectation that the program could be implemented elsewhere, with similar results. The program either: • is an adaptation of a similar program existing elsewhere, or • has been adopted/adapted by another organization.	Vba Vbb Vbc						
11. Innovativeness	The program is original in that it either addresses or solves in a unique way an independent living problem or embodies in a new idea in the field. The program also offers a unique combination of characteristics related to: • target population, • success rate, • comprehensiveness, and • transportability.	Information about innovativeness is reflected in those items on the IRF previously mentioned as relating to these four critical factors (target population, success rate, comprehensiveness, and transportability). In addition, information collected during the onsite visit to the program may be applied to an evaluation of this critical factor.						

deemed exemplary. However, addressing only a few factors extensively to the relative exclusion of most of the others may jeopardize the program's selection as exemplary. During the Peer Review Advisory Council's review, information is compared on all related programs nominated for exemplary status. For this total set, a limited number of programs are selected depending on the relative cross-rankings resulting from the comparison process.

In their selection of exemplary programs, members of the Peer Review Advisory Council bear in mind one of the RRX Project's primary priorities: to develop a pool of technical assistance resources representing a wide range of diverse approaches to disability service issues. There may be a number of in-region programs conducting similar activities and producing similar outcomes. It is probable that only one representative of like programs will be recognized, although several may offer worthy programs.

IMPLICATIONS OF EXEMPLARY PROGRAM DESIGNATION

Benefits of designation as an exemplary program are frequently derived from the recognition as a model to be emulated by others. It is possible to gain regional, as well as national, recognition as a unique, innovative, and effective program. This recognition earned from the larger disability service community often enhances the local community opinion of the exemplary program.

To increase awareness of identified exemplary programs and to encourage their adoption or adaptation by other service organizations, the RRX annually publishes and disseminates the *Catalog of Exemplary Programs*, which contains detailed descriptions of all programs identified by the RRX Peer Review Advisory Council. Copies of the *Catalog* can be obtained by contacting the RRX.

All programs awarded exemplary status accept the responsibility to serve as a technical assistance resource to other agencies or organizations interested in implementing similar program components elsewhere. Representatives of exemplary program models should be willing to:

- make a presentation on the exemplary program model at scheduled meetings/conferences
- share exemplary program model-related information with interested service providers through telephone contacts, written correspondence, or onsite visits
- maintain periodic communication with RRX staff to report any contacts that appear to have the potential to result in a technical assistance activity
- assist RRX staff in identifying service providers that might be appropriate to receive technical assistance
- act in the role of a consultant to provide technical assistance to other organizations wanting to adopt or adapt the exemplary program, or one of its components, in their own service delivery systems; all formal technical assistance activities of this nature are scheduled in a manner mutually acceptable to exemplary program staff and staff of the adopting organization and are specified in a detailed *Memorandum of Agreement* signed by all parties involved, including the RRX
- prepare a report documenting the details of the technical assistance provided and any plans for follow-up with the adopting agency or organization
- provide feedback to RRX staff regarding the appropriateness and perceived effectiveness of technical assistance activity

As indicated in these exemplary program responsibilities, specific methods to encourage continued involvement with the RRX may include making formal presentations at local, statewide, and professional meetings or conferences. Such presentations allow the exemplary program staff to describe more fully to professional colleagues the operations and outcomes of the exemplary program.

In addition to the conference or workshop attendance, exemplary program staff may be requested to provide limited, more directed technical assistance and training to organizations interested in components of exemplary programs.

COMPLETING THE INFORMATION REQUEST FORM

Example The following pages contain an example of a completed Information Request Form.

Application Complete this particular form only if your program provides Independent Living Services. **DO NOT** follow this example if your program lies in any core area other than Independent Living Services. Separate Manuals are available for programs in other core areas.

Purpose The sample Information Request Form will provide information about possible responses to specific items. This is for demonstration purposes only and should not direct the content of the respondent's answers.

Program Because each nominated program has unique characteristics, answers to Information Request Form items may vary considerably.

Important The example which follows is **NOT** intended to reflected the desired response from any persons completing the form.

Attachments After completing the Information Request Form, attach any additional comments or program-related information you believe will help RRX staff to evaluate your program.

Questions If you have questions or need more information when completing the form, contact the Regional Rehabilitation Exchange, **(512) 476-6861 (Voice/TDD)** and **(512) 476-2286 (FAX).**

PEER REVIEW ADVISORY COUNCIL MEMBERS

September 1, 1992 through August 31, 1993

SUE GASKINS
Project Director
Increasing Capabilities Access Network
2201 Brookwood Drive, Suite 117
Little Rock, Arkansas 72202
(501) 666-8868 FAX: (501) 666-5319

ALLEN MINER
Senior Counselor
Ability Resources
1724 East 8th Street
Tulsa, Oklahoma 74104
(918) 592-1235

JERRY NICHOLS
Field Services Director
Department of Human Services
Arkansas Division of Services for the Blind
P.O. Box 3237
Little Rock, Arkansas 72203
(501) 324-9270 FAX: (501) 324-9280

ARTURO RAMOS
Placement Coordinator
TASK-MASTERS
5310 El Paso Drive
El Paso, Texas 79905
(915) 779-6431

IMOGENE RAY
Facilities Specialist
Division of Vocational Rehabilitation
State Department of Education
435 St. Michael's Drive #D
Santa Fe, New Mexico 87505
(505) 827-3522 FAX: (505) 827-3746

CARL B. RISINGER
Program Specialist
Texas Rehabilitation Commission
4900 North Lamar Blvd.
Austin, Texas 78751-2316
(512) 483-4140

MARY KAY SANDERS
Program Specialist
Texas Transition Task Force
7800 Shoal Creek, Suite 171-E
Austin, Texas 78757-1024
(512) 454-1469 FAX: (512) 323-0902

PATRICIA SASTOQUE
Program Manager
Volunteers of America
3900 North Causeway Blvd., Suite 750
Metairie, Louisiana 70002-7291
(504) 836-5225 FAX: (504) 836-5233

EX-OFFICIO MEMBERS

ELLEN LIBERTI BLASIOTTI
Project Officer
National Institute on Disability and
Rehabilitation Research
U.S. Department of Education
Mary E. Switzer Building
400 Maryland Avenue, S.W., Mail Stop 2646
Washington, D.C. 20202-2646
(202) 205-9800 FAX: (202) 205-8515

LOERANCE DEAVER
Regional Commissioner
Rehabilitation Services Administration
Region VI
U. S. Department of Education, OSERS
1200 Main Tower Building, Room 2140
Dallas, Texas 75202
(214) 767-2961

PRESTON C. KRONKOSKY, Ph.D.
President and Chief Executive Officer
Southwest Educational Development Laboratory
211 East Seventh Street
Austin, Texas 78701-3281
(512) 476-6861 FAX: (512) 476-2286

Regional Rehabilitation Exchange

SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY

Independent Living Services

INFORMATION REQUEST FORM

For the Identification of Exemplary Programs

QUESTIONS RELATING TO THE LARGER ORGANIZATION

EXAMPLE

PROGRAM NAME: (no name needed)

ORGANIZATION NAME: Independent Living Resources, Inc.

ADDRESS: 2315 Flatland Avenue

CITY/STATE: Amarillo, Texas ZIP CODE: 85664

CONTACT PERSON: Marshall Blake PHONE (915) 123-4567

TITLE Executive Director

I. BRIEF ORGANIZATION DESCRIPTION

A. Please provide a brief history of the organization, including when and why it was begun (attach an organization plan, if available).

Independent Living Resources, Inc. was started in 1982 with a grant from the Federal Government, Title VII, Part B. The organization serves Blair County and the city of Amarillo, TX and attempts to serve all citizens with severe disabilities in this area.

(Organizational Chart attached).

B. What are the organization's current goals?

ILR, Inc. provides five primary services to adults with severe disabilities: advocacy, information and referral, peer counseling, transportation and mobility services, and living skills services. Goals for this fiscal year include the expansion of living skills services, particularly in the area of a range of accessible housing options within the community and housing-related services.

C. How many persons currently serve on the organization's governing board?

Seven individuals in this community serve on the ILR, Inc. Advisory Council. This Council meets monthly to guide the major activities of the ILR, Inc.

Of this number, how many are disabled?

Of the seven members, five individuals have severe disabilities. The remaining two members are a parent of a child with a disability and a professional service provider.

D. How are members of the organization's governing board identified and recruited?

Current Advisory Council members are asked to nominate individuals to replace outgoing members. The membership committee identifies other potential members and recommends a slate of Advisory Council members to the entire group for its consideration.

E. What opportunities for professional development are provided for members of the organization's governing board?

Two weekend working retreats are planned and implemented each year for members of the Advisory Council. In addition, some limited amount of money is set aside for attendance at relevant conference or workshops.

F. How many persons are presently employed by the organization?

Eleven persons are employed full-time, and two are part-time employees.

Of this number, how many are disabled?

Seven employees are disabled, five of which are full-time employees and two of which are part-time.

EXAMPLE

G. How do consumers provide input to the organization?

A Consumer Advisory Group is in force, providing a consistent mechanism for input from consumers. In addition, evaluations are conducted on all programs to solicit input from participants as to improvements needed.

H. List the major categories of disability groups (and the numbers of persons in each) who have received services from the organization during the last 12 months.

DISABILITY GROUP CATEGORIES	NUMBER
Mentally Retarded	80
Physically Disabled	50
Hearing Impaired/Deaf	60
Visually Impaired/Blind	0
Mental Health	25
Learning Disabled	25
Total	280

EXAMPLE

I. How many persons receiving services would be classified as elderly (i.e., over 55 years of age)?

30

J. How many persons receiving services would be classified as school-age (i.e., 10-22 years of age)?

50

K. Have any materials been developed by the organization to describe its administration and internal structure?

Yes. An administrative handbook has been produced.

If so, are these materials available for use by other agencies interested in establishing similar administrative guidelines and structures?

The handbook can be made available to other service providers for the cost of duplication.

L. What methods, if any, are used for community fund-raising efforts?

Fund-raising efforts in the past have taken a variety of forms, ranging from raffles to garage sales and holiday carnivals.

QUESTIONS RELATING TO SERVICES PROVIDED

II. SERVICE OUTCOMES

Please provide information for the service area categories in which you were nominated. You may check and provide information for as few as one area or you may wish to provide information in all areas for consideration. Please mark the boxes indicating areas for which you are providing information.

- ☐ Housing Services (complete Section A)
- ☒ Transportation/Mobility Services (complete Section B)
- ☒ Living Skills Services (complete Section C)
- ☒ Counseling Services (complete Section D)
- ☐ Community Integration Services (complete Section E)
- ☐ Employment-Related Services (complete Section F)

For the following questions, please provide the requested information for a specified **RECENT 12-MONTH PERIOD**. If you are providing information for more than one service area category, the respective 12-month periods for each MUST NOT be the same.

A. For **HOUSING SERVICES**, in the 12-month period beginning on_____ and ending on_____.

1. How many information and referral contacts have been made regarding affordable, accessible housing?

2. Of the number of housing-related information and referral contacts noted in 1., above, how many were related to assistance in arranging for financial assistance in housing?

3. Describe any education/public awareness services provided to builders/developers to increase public awareness of the unique construction design needs of persons with disabilities.

EXAMPLE

4. Describe the range of housing options developed for persons needing such services.

5. Does the organization provide affordable, accessible housing for persons with disabilities? If so, please describe it.

6. Please check those skills areas listed below **for which you provide training.** For **each** of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages, if necessary.

   - ☐ home safety skills
   - ☐ home maintenance skills
   - ☐ cleaning skills
   - ☐ food planning and preparation skills, nutrition, and food budgeting
   - ☐ in-home mobility skills
   - ☐ use of household-related attendant services
   - ☐ other: _____

   a. Who provides this training?

EXAMPLE

b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

(1). number of persons:

(2). age range:

(3). disability types:

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons:

(2). age range:

(3). disability types:

d. Describe the training that is provided.

EXAMPLE

Is there a formal, written curriculum which is followed?

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

e. How are entry skills measured **before** training begins?

f. How are exit skills measured **after** training?

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results for the person receiving it?

EXAMPLE

B. For **TRANSPORTATION/MOBILITY SERVICES** during the 12-month period beginning on January 1, 1991 and ending on December 30, 1991 :

1. How many information and referral contracts have been made regarding personal transportation needs?

250 contacts have been made in the area of personal transportation needs, including coordination of mobility training with the local association for the blind; access to drivers' training for persons with disabilities; and involvement in the acquisition of accessible vehicles.

2. If public mass transportation is provided in your community, what involvement does the organization have in planning for improvements to accessibility of the system?

The ILR, Inc. was instrumental in educating the City Council and county planners regarding the need for accessible buses and mini-vans. The organization constantly advocates for improvements within the transportation system and has recently assisted city planners in subcontracting with a local taxi service to fill gaps which may occur in daily transportation needs of riders with disabilities.

What improvements have been documented in this area?

(1) The addition of three fully accessible mini-buses to the city bus system

(2) The development of a contract between the city and local taxi service to provide services when the city transportation system cannot meet the needs of the disabled population

(3) Educational efforts regarding transportation/mobility needs of persons with severe disabilities are continuous and are reflected in our public relations efforts through advocacy and community presentations

3. How many personal vehicle assessments have been provided?

None directly; we refer individuals to a local business which provides this service.

4. How many personal vehicle modifications have been provided?

ILR, Inc. has advocated on behalf of 12 physically disabled persons needing accessible vehicles through DVR. Of these 12, 5 were successful in obtaining vehicles; 2 are pending decisions from funding authorities.

5. How many times has the program facilitated the purchase of a modified personal vehicle?

See above (B4)

Two ways: through advocacy efforts on behalf of the client with DVR; and, assisting to obtain transportation loans from local banks.

6. Please check those skills areas listed below **for which you provide training.** For **each** of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages, if necessary.

☒ mobility and orientation skills

☒ skills in using community-specific public transportation systems

☒ skills in using inter-community transportation systems (e.g., airlines, buses, trains, etc.)

☒ other: assistance in obtaining drivers' training to operate a modified vehicle; coordinating special training with an interpreter for deaf clients; counseling regarding the cost of obtaining and maintaining a vehicle in relation to the individual's budget.

EXAMPLE

a. Who provides this training?

The Transportation Services Department coordinates all transportation services by referring to the M&O Instructor, providing the training directly, or referring to outside agencies that better meet the needs of the consumer.

b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

(1). number of persons: M&O Training-15; drivers' training-14.

(2). age range: 18 years - 50 years

(3). disability types: M&O Training-visually impaired; specialized drivers' training-mobility impaired; LD; deaf.

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons: M&O Training-14 completed; 1 repeating; drivers' training-12 passed, 2 did not obtain license.

(2). age range: through 50

(3). disability types: M&O Training-visually impaired; specialized drivers' training-physically impaired; learning disabled and hearing impaired.

d. Describe the training that is provided.

Mobility and Orientation Instruction provides intensive, daily training for visually impaired consumers in the use of a cane, mobility within the city and their neighborhood, and use of public transportation. Specialized drivers' training addresses individual needs of consumers with physical disabilities in using modified vehicles, adaptive techniques; classes for the hearing impaired persons and LD persons utilize special methods for teaching concepts and passing licensing procedures.

EXAMPLE

Is there a formal, written curriculum which is followed? Yes

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

Yes. Transportation goals are clearly defined for each consumer and signed via a written agreement by the instructor, coordinator, and consumer.

e. How are entry skills measured **before** training begins?

M&O consumers are referred from the Commission for the Blind where a thorough assessment is initially conducted; DVR obtains an assessment of the capabilities and limitations of consumers with physical disabilities prior to referral to us.

f. How are exit skills measured **after** training?

M&O Instructor has a checklist of skills acquired and areas needing improvement; consumers either do or do not obtain a driver's license as a measurement standard.

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

Records on each consumer indicate the results of training as described in 6f.

EXAMPLE

C. For **LIVING SKILLS SERVICES** during the 12-month period beginning on November 1, 1990 and ending on October 30, 1991.

1. How many information and referral contacts regarding independent living skills services (including referrals to qualified attendants) have been documented?

250 contacts

2. How many accessibility/modification assessments for the home environment have been provided? Please describe them.

15 Kitchen and bathroom assessments; accessible parking; ramps, handrails; communication assessments.

3. How many modifications to improve home accessibility have been provided? Please describe them generally as to type.

20 Accessible entrances, handrails, ramps, parking spaces, flashing smoke alarms, doorbells and telephone signals, TDD's, emergency networks with police and fire departments.

4. What types of specialized training have been provided for attendants in working with persons with a disability? How many times has this service been provided during the 12-month period noted earlier?

Individual attendant training is provided as per needs of consumers and as vacancies occur. This training was provided 25 times during this 12-month time period.

Are reference checks conducted on attendants? Yes

5. What type of unique communication services (e.g., interpreters, note-takers, brailled information materials) have been provided to persons in specific disability groups? How often have these services been provided during the 12-month period noted earlier?

Interpreting services for the deaf/hearing impaired population; TDD message relay service; emergency interpreting services; TDD training; 85 contacts.

Scribes, note-takers, readers for the blind/visually impaired population-70 contacts.

6. What types of unique adaptive equipment/devices have been provided to persons needing them? How many instances of this service have been documented?

- System to administer medication (1)
- Flashing smoke alarms (3)
- Specialized hook-up with hospital to monitor heart irregularities (1)

EXAMPLE

7. Please check those skills areas listed below **for which you provide training**. For **each** of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages, if necessary.

☒ dressing skills

☐ communication skills

☐ personal hygiene skills

☐ skills related to use of attendant services in activities of daily living

☐ leisure time orientation/management skills

☐ problem solving skills

☒ other: budgeting skills

a. Who provides this training?

Independent Living Skills Coordinator, Living Skills Instructor, and Coordinator.

b. For the recent 12-month period noted previously, please describe the persons who have received training according to the following dimensions:

(1). number of persons: 85

(2). age range: 16-60

(3). disability types: Blind/visually impaired; deaf/hearing impaired; mobility impaired; CP; mentally retarded; LD.

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons: 53 completed training; 3 withdrew; 29 are continuing training

(2). age range: 16 - 60

EXAMPLE

(3). disability types: Refer to 7b (3).

d. Describe the training that is provided.

Daily Living Skills Training- includes dressing, personal hygiene skills, use of attendant or interpreter training, budgeting skills. Communication Skills Training- includes basic academic skills needed for daily living; use of TDD equipment, basic sign skills.

Is there a formal, written curriculum which is followed? Yes

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials? Yes

EXAMPLE

e. How are entry skills measured before training begins?

An independent living skills assessment is conducted by the ILS Coordinator.

f. How are exit skills measured after training?

Monthly reports document progress in areas of deficiency; monthly staffings are conducted with the consumer and referral agency staff. A narrative report is compiled at the completion of the training period with recommendations for future planning.

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

Refer to C7f.

D. For **COUNSELING SERVICES** during the 12-month period beginning on January 1, 1991 and ending on December 30, 1991.

1. How many information and referral contracts related to counseling have been documented?

30 to outside counseling sources; 150 referrals were made within the organization.

2. Do you provide counseling services of any of the types listed below?

If so, indicate which, and, if necessary, on separately attached pages answer the following set of questions (a. - i.) for each type of counseling which you check.

- ☒ peer support counseling
- ☒ personal/social adjustment counseling
- ☒ counseling with family or other support group
- ☒ sexuality counseling/training
- ☒ alcohol/drug abuse counseling
- ☐ individual self-advocacy/assertiveness skills counseling
- ☐ counseling in personal attendant management (e.g., hiring, firing, supervising, etc.)
- ☐ other: _____

EXAMPLE

a. Who provides the counseling?

The Counseling Services Coordinator provides the initial screening of new consumers. In-depth counseling services are provided by the Coordinator and the Counselor. Peer group counseling and some family counseling is provided by the Peer Services Counselor.

b. How are the staff trained by the organization to provide counseling services?

The staff in the counseling department are trained counselors prior to joining the staff. They are encouraged to keep abreast of current topics and to upgrade their knowledge through seminars, classes, and other training programs pertinent to the needs of the consumer population served. Alcohol and drug counseling is provided by a local agency specializing in these services. ILR, Inc. staff reinforce this external counseling.

c. For the 12-month period indicated previously, please describe the persons who have received counseling, according to the following dimensions:

(1). number of persons: 150 consumers

(2). age range: 18 to 65 years of age

(3). disability types: Mentally retarded, physically disabled, hearing impaired, visually impaired, mental health, learning disabled.

d. Describe the counseling that is provided.

Individual and group peer counseling, family counseling, personal/social adjustment counseling, sexuality and personal awareness counseling, adjustment to disability counseling, self-advocacy and assertiveness counseling.

e. Is there a pre-assessment measure administered to determine what type of counseling is needed?

Yes. Both informal assessments and formal testing procedures may be used by the Counseling Services Coordinator to determine the counseling plan.

f. Is there a post-assessment measure?

Most in-depth counseling requires pre- and post-assessments, depending on the type of counseling provided. Typically, this information is in the case files.

g. If you answered "yes" to e. and f., above, please provide a summary of the counseling results.

Casefile contains all pre- and post-assessment data as well as progress within other service areas as provided by the ILR, Inc. Summaries of casefile data indicate the following:

30 consumers in active phase of peer support counseling
38 consumers utilizing personal/social adjustment counseling
5 consumers participating in some phase of family counseling
20 consumers receiving sexuality counseling
57 consumers in individual self-advocacy/assertiveness counseling

EXAMPLE

h. Indicate the type(s) of counseling format(s) which is/are used:

☒ peer support-Primary group counseling format

☒ individual

☒ group

i. Indicate the counseling schedules which are available:

☒ regular/ongoing

☒ emergency/on-call

E. For **COMMUNITY INTEGRATION SERVICES** during the 12-month period beginning on_____and ending on_____.

1. How many information and referral contacts regarding community integration services have been documented?

EXAMPLE

2. How has the program offered access to available community services or events? How many times has this service been provided?

3. For each of the following two types of advocacy services, what types of activities have been undertaken? What outcomes have been documented as a result of these services?

a. legislative advocacy

b. individual advocacy

4. What types of recreational programming are provided by staff? How many times during the 12-month period have these services been offered?

5. Describe staff involvement with other community-based programs, such as:

   a. client assistance programs

   b. protective services programs

   c. social service agencies

EXAMPLE

6. Please check those skills areas listed below for which you provide training. For each of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages, if necessary.

   ☐ socialization skills

   ☐ basic academic skills (reading, writing, arithmetic)

   ☐ skills in managing personal finances

   ☐ consumer skills

   ☐ skills in using personal attendant services

   ☐ other:_____

a. Who provides this training?

b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

(1). number of persons:

(2). age range:

(3). disability type:

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons:

(2). age range:

(3). disability types:

d. Describe the training that is provided.

Is there a formal, written curriculum which is followed?

EXAMPLE

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

e. How are entry skills measured **before** training begins?

f. How are exit skills measured **after** training?

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

EXAMPLE

F. For **EMPLOYMENT-RELATED SERVICES** during the 12-month period beginning on_____ending on_____:

1. Describe public information activities which increase employer awareness of the benefits of hiring disabled persons.

2. Has the program established and does it actively utilize a business advisory council?

   If so, what is its function?

3. What types of assistance in locating and/or maintaining employment have been provided to persons needing these services?

   How many persons have received these services?

4. How many employment placements have been documented?

   For these documented placements, what is the:

   a. retention rate:

   b. range of wages:

   c. average wage rate:

5. What assistance is provided to consumers in the areas of:

   a. job development:

   b. job retention:

EXAMPLE

c. job mobility:

d. career development:

6. Does the program provide services to disabled school-age students (ages 10-22) to help prepare them for graduation and transition to employment? If so, describe these services and the outcomes documented.

7. Is any job seeking skills training provided?

   If so, describe it, e.g., Job Club, job exploration, job readiness, etc.

   How many individuals have been involved in this training over the last year?

EXAMPLE

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Administration	Executive Director	1	100	Development of resources; administrative and public relations functions; future program development and planning.
Administration	Administrative Assistant	1	100	Office management, fiscal and budget concerns; personnel matters related to hiring, payroll, etc.
Administration	Assistant Director	1	10	Assisting Executive Director in management of personnel; development of financial resources; some grant development; some public relations duties; supervising day-to-day activities of the staff.
Administration	Secretary	1	100	Responsible for all paperwork activities; filing; information system.
Transportation and Mobility	Transportation Services Coordinator	1	80	Coordinating drivers' training, assessments, making referrals, designing classes, writing curricula, overseeing instruction and ultimately responsible for consumer needs in this area.
			20	Awareness and advocacy roles with city and county directors; making presentations at City Council meetings, etc.

EXAMPLE

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Transportation and Mobility	Mobility and Orientation Instructor	1	60	Organizing and instructing consumers dependent on their mobility and orientation needs. May assign some instruction needs to aide.
			40	Providing instruction in other classes related to transportation such as how to access public transportation.
Transportation/M&O	Transportation Aide	1	50	Assisting Mobility and Orientation Instructor in teaching classes and providing individual instructions.
Counseling	Counseling Services Coordinator		100	Supervising all counseling services, including that of the Counselor and Peer Services Counselor; informing Assistant Director of consumer needs in new program planning and development; providing direct services regarding: counseling, both group and individual, approximately 50% time.
Counseling	Counselor	1	100	Providing group and individual counseling as per needs of consumer group; suggesting program modifications as per consumer need; maintaining clear and consistent documentation as to consumer progress toward stated goals, etc.

EXAMPLE

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Coun-seling	Peer Services Counselor	1	50	Assisting Counselor in one-on-one counseling; conducting a minimum of one peer group counseling activity per week; providing individual peer counseling as needed.
Living Skills	Living Skills Instructor	1	80	Designing and implementing written curricula, teaching classes of daily living skills and communication skills. Maintaining clear and consistent documentation as to consumer progress toward stated goals, etc.; conducting monthly staffings with consumer and other appropriate representatives; completing monthly training reports and final training reports.
Living Skills	Interpreter Coordinator	1	100	Supervising and coordinating six (6) freelance interpreters; arranging for payment on a subcontractual basis; coordinating emergency interpreter service with city and county police, jails, hospitals, and fire departments; assisting with TDD message relay system with local hotline; conducting communication assessments and assisting with communication training as per consumer need.

EXAMPLE

IV. COSTS

Provide information relating to costs for each of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Category of Cost	Dollar Amount
Transportation/ Mobility and Orientation	Personnel	$50,000
	Space	4,323
	Materials	550
	Equipment	125
	Transportation	250
	Other:_____	_____

Please attach on additional pages similar Category of Cost figures for additional service area categories for which information is being provided.

See Attached.

V. UTILITY OF THE SERVICES

A. Why would you feel the services provided by your organization are exemplary?

The ILR, Inc. attempts to address individual need in the provision of services to persons with severe disabilities. The ILR, Inc. is responsive to consumer needs by addressing a few areas in-depth. Other services will be added as the organization is able to fulfill those needs in a responsible manner. By becoming a leader in the community, this organization has earned the respect of city and county leaders as well as the community it serves. The goals of quality of service as well as enhancement of quality of life of the individual consumer make this an exemplary program.

B. In your judgement, could the services be implemented by another center/organization and realize similar results to those which you have demonstrated?

☒ Yes ☐ No ☐ Unsure

What specific program services do you feel would have:

a. more widespread application?

Living Skills and Counseling Services would have more widespread application across disability and geographical lines.

EXAMPLE

COSTS (Continued)

Service Area	Category of Cost	Dollar Amount
Counseling Services	Personnel	$50,454
	Space	4,578
	Materials	785
	Equipment	145
	Transportation	450

Service Area	Category of Cost	Dollar Amount
Living Skills Services	Personnel	$75,000
	Space	5,000
	Materials	750
	Equipment	5,000
	Transportation	450
	Other: $25,000 for freelance interpreters paid by city and county funds, sup-contractual agreements with the Department of Human Services (DHS).	

EXAMPLE

b. more limited applications?

Transportation Services might be limited in rural environments.

c. Are your services modeled after those provided by another center/organization?

N/A

If so, what is the organization, and where is it located?

N/A

d. Please provide any other information which you think would be helpful in understanding the services provided by your organization.

It is important to stress the involvement of the consumers of this community in all aspects of service provision and administration of this organization. Staff and administration are open to suggestions for organizational improvement and are constantly striving for more and better services. The Independent Living Resources, Inc. embraces the quest for an improved service delivery system by enhancing the quality of life concept that no one individual is more important than another in the search for independence of whatever degree may be desired.

EXAMPLE

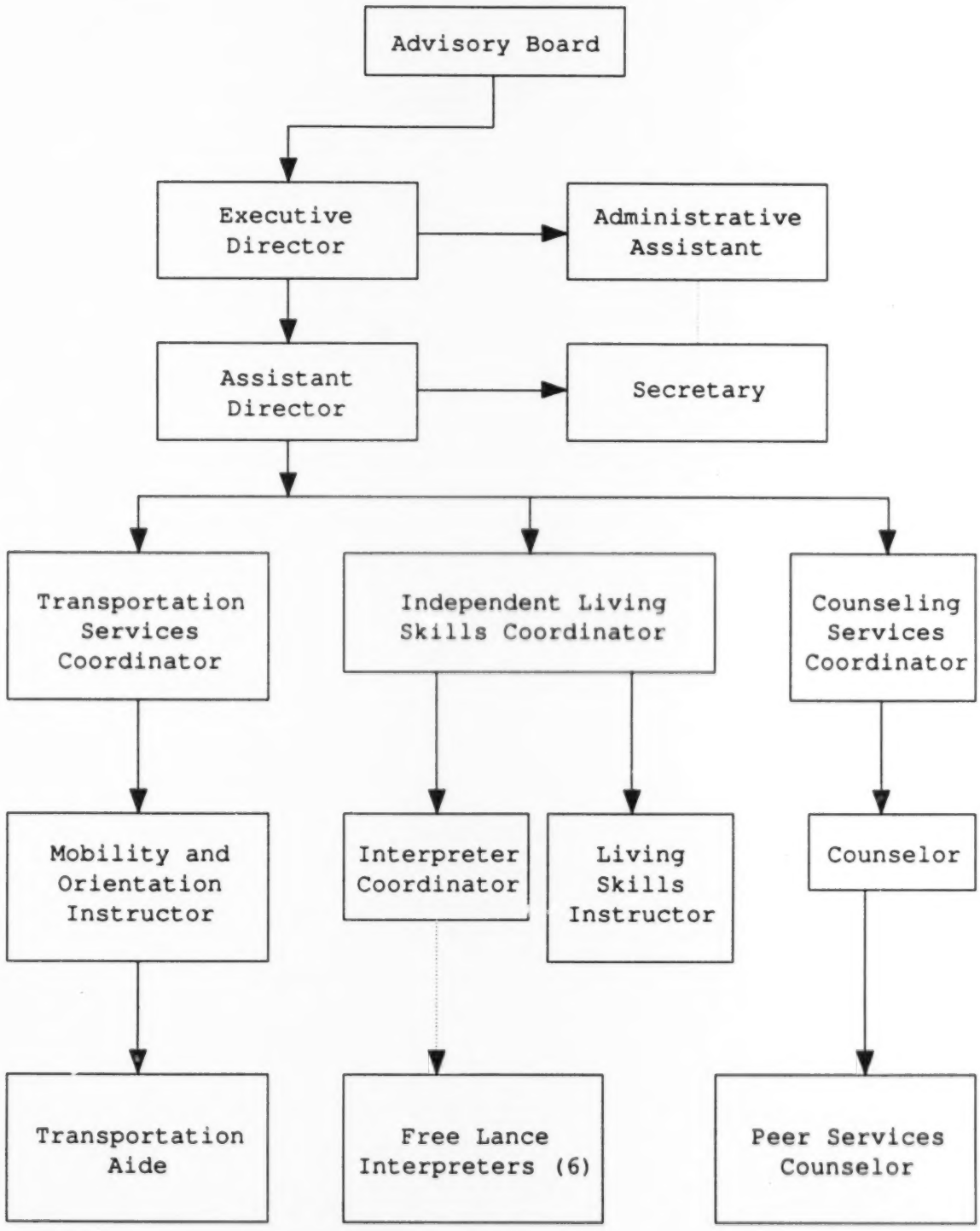
ALL THE INFORMATION INCLUDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature	Title	Date
	Executive Director	January 3, 1992

RETURN TO: **Regional Rehabilitation Exchange**
Southwest Educational Development Laboratory
211 East Seventh Street
Austin, TX 78701
(512) 476-6861 Ext. 230 (Voice) Ext. 304 (TDD)

INDEPENDENT LIVING RESOURCES, INC.

ORGANIZATIONAL CHART



SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY
211 East Seventh Street, Austin, Texas 78701-3281
(512) 476 - 6861 (Voice/TDD)
FAX (512) 476 - 2286

BEST COPY AVAILABLE